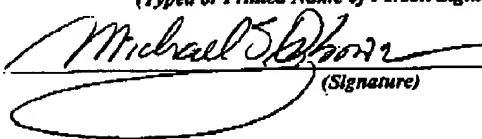



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 121027-076
Applicant(s): Yoshinori KUMASAKA et al.			
Serial No. 09/976,312	Filing Date October 11, 2001	Examiner Catharine Anderson	Group Art Unit 3761
Invention: <b>ELASTICALLY STRETCHABLE DISPOSABLE PANTS</b>			<b>RECEIVED</b> CENTRAL FAX CENTER DEC 22 2003
<b>OFFICIAL</b>			
I hereby certify that this <u>Amendment and Amendment Transmittal</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9302</u> )			
on <u>December 22, 2003</u> (Date)			
<u>Michael S. Gzybowski</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>121027-076</b>	
Applicant(s): <b>Yoshinori KUMASAKA et al.</b>					
Serial No. <b>09/976,312</b>	Filing Date <b>October 11, 2001</b>	Examiner <b>Catharine Anderson</b>		Group Art Unit <b>3761</b>	
Invention: <b>ELASTICALLY STRETCHABLE DISPOSABLE PANTS</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>12-2136</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">             Signature         </div> <div>           Dated: <b>December 22, 2003</b> </div> </div>					
Filed via facsimile transmission.					
<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.   <div style="text-align: center;">           Signature of Person Mailing Correspondence             Typed or Printed Name of Person Mailing Correspondence         </div> </div>					
CC:					